



CORNERSTONE
LEARNING COMMUNITY

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2524 Hartsfield Road ~ Tallahassee, Florida 32303

Tel (850) 386-5550 ~ Fax (850) 386-5550

CONFIDENTIAL TEACHER EVALUATION FOR FIRST GRADE

Child's Name: _____ DOB: _____ Age: _____ Sex: _____

Present School: _____ Teacher _____

Days per week enrolled _____ Hours per day _____ Size of group _____ Age range _____

How long have you known this child? _____

To Parents:

Please sign the statement of permission below and deliver to your child's present teacher.

_____ is applying for admission to Cornerstone Learning Community. I give permission for the release of the following information concerning my child. I understand that this recommendation is confidential and hereby waive any rights to review its contents.

Parent's Signature

Date

To Teachers:

Please describe your learning environment, including student-teacher ratio and specifics about your physical environment.

We appreciate your cooperation in completing this form. It provides us one way of getting to know the applicant and is reviewed with the full awareness that young children are constantly changing and developing. Please note that we place particular value on your comments in each area. We realize that you are busy and express in advance our appreciation for your most thoughtful consideration of the questions. Your reply will be absolutely confidential. If the child enrolls at Cornerstone, this information does not become part of his/her record.

Category	Area of Strength	Age Appropriate	Progressing toward Age Appropriate	Area of Concern	Not Applicable
PHYSICAL DEVELOPMENT					
Small Motor Coordination					
Draws with details					
Uses appropriate pencil grip					
Works with manipulatives					
Gross motor coordination					
Sense of body in space					
Gait, fluidity, smoothness of movement					
Participates in physical group activities					

Please describe the child's ease of learning and ability to make meaningful connections.

Please comment if there are any unusual aspects of the child's mathematical interests or skills.

Category	Area of Strength	Age Appropriate	Progressing Toward Age Appropriate	Area of Concern	Not Applicable
SOCIAL/EMOTIONAL DEVELOPMENT					
Self-esteem					
Acceptance of limits					
Self-motivation					
Ability to work independently					
Interaction with peers					
Interaction with adults					
Resolves conflicts verbally					
Internalization of classroom routine					
Separation from parents/caregivers					
Ability to share					
Ability to wait for turn					
Respect for property of self					
Respect for property of others					
Accepts responsibility for actions					
Frustration tolerance/self-chosen activity					
Frustration tolerance/assigned activity					
Sense of humor					
Curiosity					
Attention span/self-chosen activity					
Attention span/assigned activity					
Cooperative attitude					
Leadership skills					
Ability to follow peers					
Makes transitions easily					
Reacts well to new experiences					
Accepts change					
Comfort with large group					
small group					
alone					

Usually chooses: Large group _____ Small group _____ Alone _____
 Usually takes role of: Leader _____ Follower _____ Varies _____

COMMENTS: Please comment on the child's social/emotional development:

Please describe the child's work habits: pace, perseverance, independence, problem-solving, ability to work to completion and attitudes.

Family:

Is there anything significant about the home life which will help us understand this child? (new baby, move, divorce/separation)

Have you received active cooperation from the parents?

Are there any special concerns about the child's attendance or promptness in arrival or departure?

Additional Comments:

Signed: _____ Date: _____

Title: _____

Please return to: Admissions Office
Cornerstone Learning Community
2524 Hartsfield Road
Tallahassee, Florida 32303
Tel: 850/386-5550
Fax: 850/386-5421